ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---|---|---|---|
|  |  |  |  |
| FEE DETERMINATION |  |  |  |
| O.I.P.E. CLASSIFIER |  |  |  |
| FORMALITY REVIEW | A M | 917 | 10-02-01 |
| RESPONSE FORMALITY REVIEW |  |  |  |
|  |  |  |  |

## INDEX OF CLAIMS

| | | |
|---|---|---|
| ✔ ................................. Rejected | N ................................. Non-elected |
| = ................................. Allowed | I ................................. Interference |
| – (Through numeral)... Canceled | A ................................. Appeal |
| ÷ ................................. Restricted | O ................................. Objected |



If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

DC-859
1072